



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Arkansas Superior Select, Inc.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	15135	Employer's ID Number	800875493
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	AR		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	11/13/2012		Commenced Business	01/01/2015		
Statutory Home Office	1 Riverfront Place, Suite 615 (Street and Number)		North Little Rock, AR, US 72114 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1 Riverfront Place, Suite 615 (Street and Number)		North Little Rock, AR, US 72114 (City or Town, State, Country and Zip Code)			
Mail Address	1 Riverfront Place, Suite 300 (Street and Number or P.O. Box)		North Little Rock, AR, US 72114 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1 Riverfront Place, Suite 300 (Street and Number)		North Little Rock, AR, US 72114 (City or Town, State, Country and Zip Code)			
Internet Website Address	www.superiorselectinc.com		(501)372-1922 (Area Code) (Telephone Number)			
Statutory Statement Contact	Alan Gable (Name)		(501)372-1922 (Area Code)(Telephone Number)(Extension)			
	agable@superiorselectinc.com (E-Mail Address)		(501)372-1932 (Fax Number)			

OFFICERS

Name	Title
David Lamar Norsworthy	President
James Bennett Cooper	Vice President
John Ponthie	Secretary #
Alan Matthew Gable	Treasurer / CFO #
Jason Wayne Lee	Assistant Secretary

OTHERS

DIRECTORS OR TRUSTEES

David Lamar Norsworthy	Jerry Don Sams
James Bennett Cooper	Dr. Brad Bibb #
John Ponthie #	John Ellis #
Tobey Koehler #	

State of Arkansas
County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
David Lamar Norsworthy	Jason Wayne Lee	Alan Matthew Gable
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Assistant Secretary	Treasurer / CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2019	a. Is this an original filing?	Yes[X] No[]
	b. If no,	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities	198,050					198,050
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	198,050					198,050

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Envision	373,307					373,307
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	373,307					373,307
0299998 Claim Overpayment Receivables - Not Individually Listed	282,434					282,434
0299999 Subtotal - Claim Overpayment Receivables	282,434					282,434
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	655,741					655,741

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	51,212	1,200,799	72,393	300,913	123,605	80,109
2. Claim overpayment receivables				282,434		
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	51,212	1,200,799	72,393	583,347	123,605	80,109

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
MobileCare Dental	11,581					11,581
0199999 Total - Individually Listed Claims Unpaid	11,581					11,581
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	2,435,633	2,165,830	1,756,740	1,657,635	923,578	8,939,416
0499999 Subtotals	2,447,214	2,165,830	1,756,740	1,657,635	923,578	8,950,997
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						8,950,997
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Select Founders, LLC	2,250,000					2,250,000	
0199999 Total - Individually listed receivables	2,250,000					2,250,000	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	2,250,000					2,250,000	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	<div>NONE</div>			
0399999 TOTAL Gross Payables .....	..... X X X .....	.....	.....	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	1,760,585	8.502				1,760,585
4. TOTAL Capitation Payments	1,760,585	8.502				1,760,585
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	18,947,887	91.498	X X X	X X X		18,947,887
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	18,947,887	91.498	X X X	X X X		18,947,887
13. TOTAL (Line 4 plus Line 12)	20,708,472	100.000	X X X	X X X		20,708,472

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:		BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR								NAIC Company Code 15135	
NAIC Group Code		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:											
1.	Prior Year	885							885		
2.	First Quarter	1,700							1,700		
3.	Second Quarter	1,850							1,850		
4.	Third Quarter	2,237					176		2,061		
5.	Current Year	2,910					620		2,290		
6.	Current Year Member Months	24,679					1,666		23,013		
TOTAL Member Ambulatory Encounters for Year:											
7.	Physician	18,766							18,766		
8.	Non-Physician	41,133							41,133		
9.	TOTAL	59,899							59,899		
10.	Hospital Patient Days Incurred	7,388							7,388		
11.	Number of Inpatient Admissions	1,343							1,343		
12.	Health Premiums Written (b)	27,979,131					181,929		27,797,202		
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	27,979,131					181,929		27,797,202		
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	20,708,471					58,058		20,650,413		
18.	Amount Incurred for Provision of Health Care Services	26,349,432					69,639		26,279,793		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....27,797,202



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:		2. LOCATION:								
NAIC Group Code		BUSINESS IN THE STATE OF		GRAND TOTAL DURING THE YEAR		NAIC Company Code 15135				
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health Benefits Plan			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	885							885		
2. First Quarter	1,700							1,700		
3. Second Quarter	1,850							1,850		
4. Third Quarter	2,237					176		2,061		
5. Current Year	2,910					620		2,290		
6. Current Year Member Months	24,679					1,666		23,013		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	18,766							18,766		
8. Non-Physician	41,133							41,133		
9. TOTAL	59,899							59,899		
10. Hospital Patient Days Incurred	7,388							7,388		
11. Number of Inpatient Admissions	1,343							1,343		
12. Health Premiums Written (b)	27,979,131					181,929		27,797,202		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	27,979,131					181,929		27,797,202		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	20,708,471					58,058		20,650,413		
18. Amount Incurred for Provision of Health Care Services	26,349,432					69,639		26,279,793		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....27,797,202

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Affiliates - U.S. - Captive						
00000	AA-3190686	01/01/2018	Partner Reins Co Ltd	BMU	88,162	
0199999	Subtotal - Life and Annuity - Affiliates - U.S. - Captive				88,162	
0399999	Subtotal - Life and Annuity - Affiliates - U.S. - Total				88,162	
0699999	Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total					
0799999	Total - Life and Annuity - Affiliates				88,162	
1199999	Total - Life and Annuity				88,162	
1499999	Subtotal - Accident and Health - Affiliates - U.S. - Total					
1799999	Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					
1899999	Total - Accident and Health - Affiliates					
2299999	Total - Accident and Health					
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				88,162	
2499999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					
9999999	Total (Sum of 1199999 and 2299999)				88,162	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO	DE	SSL/I	MR	115,295						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							115,295						
1099999 Total - General Account - Authorized - Non-Affiliates							115,295						
1199999 Total - General Account Authorized							115,295						
3499999 Total - General Account - Authorized, Unauthorized and Certified							115,295						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							115,295						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							115,295						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	115				
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	88				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	10,476,375		10,476,375
2. Accident and health premiums due and unpaid (Line 15)	327,277		327,277
3. Amounts recoverable from reinsurers (Line 16.1)	88,162		88,162
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	4,035,356		4,035,356
6. TOTAL Assets (Line 28)	14,927,170		14,927,170
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	8,950,997		8,950,997
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	964,014		964,014
15. TOTAL Liabilities (Line 24)	9,915,011		9,915,011
16. TOTAL Capital and Surplus (Line 33)	5,012,159	X X X	5,012,159
17. TOTAL Liabilities, Capital and Surplus (Line 34)	14,927,170		14,927,170
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama (AL)					
2.	Alaska (AK)					
3.	Arizona (AZ)					
4.	Arkansas (AR)					
5.	California (CA)					
6.	Colorado (CO)					
7.	Connecticut (CT)					
8.	Delaware (DE)					
9.	District of Columbia (DC)					
10.	Florida (FL)					
11.	Georgia (GA)					
12.	Hawaii (HI)					
13.	Idaho (ID)					
14.	Illinois (IL)					
15.	Indiana (IN)					
16.	Iowa (IA)					
17.	Kansas (KS)					
18.	Kentucky (KY)					
19.	Louisiana (LA)					
20.	Maine (ME)					
21.	Maryland (MD)					
22.	Massachusetts (MA)					
23.	Michigan (MI)					
24.	Minnesota (MN)					
25.	Mississippi (MS)					
26.	Missouri (MO)					
27.	Montana (MT)					
28.	Nebraska (NE)					
29.	Nevada (NV)					
30.	New Hampshire (NH)					
31.	New Jersey (NJ)					
32.	New Mexico (NM)					
33.	New York (NY)					
34.	North Carolina (NC)					
35.	North Dakota (ND)					
36.	Ohio (OH)					
37.	Oklahoma (OK)					
38.	Oregon (OR)					
39.	Pennsylvania (PA)					
40.	Rhode Island (RI)					
41.	South Carolina (SC)					
42.	South Dakota (SD)					
43.	Tennessee (TN)					
44.	Texas (TX)					
45.	Utah (UT)					
46.	Vermont (VT)					
47.	Virginia (VA)					
48.	Washington (WA)					
49.	West Virginia (WV)					
50.	Wisconsin (WI)					
51.	Wyoming (WY)					
52.	American Samoa (AS)					
53.	Guam (GU)					
54.	Puerto Rico (PR)					
55.	U.S. Virgin Islands (VI)					
56.	Northern Mariana Islands (MP)					
57.	Canada (CAN)					
58.	Aggregate other alien (OT)					
59.	TOTALS					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	00000	46211331	.....	.....	.....	Select Founders, LLC .....	.. AR ..	.. UDP ..	.....	.....	.....	Select Founders, LLC .....	.... N ....	.....
.....	15135	800875483	.....	.....	.....	Arkansas Superior Select, Inc .....	.. AR ..	.. RE ..	Select Founders, LLC	Ownership .....	..... 100.0	Select Founders, LLC .....	.... N ....	.....
.....	00000	854599180	.....	.....	.....	Access Medical Clinic Arkansas, LLC .....	.. AR ..	.. DS ..	Select Founders, LLC	Ownership .....	..... 49.0	Select Founders, LLC .....	.... N ....	.....
.....	00000	611843259	.....	.....	.....	Access Health Services, LLC .....	.. AR ..	.. NIA ..	Select Founders, LLC	Ownership .....	..... 100.0	Select Founders, LLC .....	.... N ....	.....

Asterisk	Explanation
0000001

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 15135 ..	.. 80-0875493 ..	ARKANSAS SUPERIOR SELECT INC .....	.....	..... 5,241,493	.....	.....	..... (3,732,509)	.....	.....	.....	..... 1,508,984	.....
.....	.. 46-211331 ..	Select Founders, LLC .....	.....	..... (6,283,493)	.....	.....	.....	.....	.....	.....	..... (6,283,493)	.....
.....	.. 85-4599180 ..	Access Medical Clinic Arkansas, LLC .....	.....	..... 1,042,000	.....	.....	.....	.....	.....	.....	..... 1,042,000	.....
.....	.....	Access Health Services, LLC .....	.....	.....	.....	.....	..... 3,732,509	.....	.....	.....	..... 3,732,509	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? See Explanation
 - 2. Will an actuarial opinion be filed by March 1? See Explanation
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? See Explanation
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? See Explanation

- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? See Explanation
 - 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

- APRIL FILING
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? No
 - 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? No
 - 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? No

- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanation:

- 1. Extension of time to file March 15, 2019
- 2. Extension of time to file March 15, 2019
- 3. Extension of time to file March 15, 2019
- 4. Extension of time to file March 15, 2019
- 13. Extension of time to file March 15, 2019

Bar Code:

Medicare Supplement Insurance Experience Exhibit

15135201836000000 2018 Document Code: 360

Health Life Supplement - March

15135201820500000 2018 Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies

15135201837100000 2018 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

15135201837000000 2018 Document Code: 370

Medicare Part D Coverage Supplement

15135201836500000 2018 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

15135201822400000 2018 Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



15135201822500000 2018 Document Code: 225

Approval for Relief related to Require. for Audit Committees



15135201822600000 2018 Document Code: 226

LTC Supplemental Interrogatories



15135201830600000 2018 Document Code: 306

Health Life Supplement - April



15135201821100000 2018 Document Code: 211

Supplemental Health Care Exhibit's Expense Allocation Report



15135201821700000 2018 Document Code: 217

LHA Guaranty Association Reconciliation



15135201829000000 2018 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



15135201830000000 2018 Document Code: 300

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